



National Environmental Health Association

720 S. Colorado Blvd., Suite 970-S
Denver, CO 80246-1925
phone 303-756-9090 fax 303-691-9490
e-mail: staff@neha.org
internet: <http://www.neha.org>

NEHA 'OPEN WINDOW' RECIPROCITY APPLICATION FORM

State of Idaho

Please Complete and Notarize the Application (Application Expires 3/13/02)

1. Name and Address of Applicant (Please Print or Type)

Name _____ Maiden Name _____
As it appears on your Social Security Card

Business Name and Address _____
Street Address City State Zip Code

Home Address _____
Street Address City State Zip Code

Daytime Telephone _____ Fax Number _____

E-mail _____ Social Security Number _____

NEHA Membership Number (if applicable) _____ Please direct mail to my _____ Home _____ Work Address

2. Please Attach a Copy of Your Current State Registration Card, Showing the Expiration Date *

I am *currently* registered as an Environmental Health Professional in: Idaho

Date of original registration _____ Certificate # _____ Next renewal date _____

** For NEHA REHS/RS registration "without re-examination", you must submit:
(1) a copy of your current state registration card, showing the expiration date.*

3. Please Attach a Copy of Your Experience Record

Starting with your present or most recent position, please **completely describe all pertinent experience** for the professional credential you seek. Describe your duties in as much detail as possible. **Please attach the following information for each position: employer, starting date and ending date of your employment, employer's address, your immediate supervisor and their title, your position title, your specialty areas in the position, and your duties and responsibilities.**

4. Please Attach a Copy of Your References

Please attach a typed list of the names of three persons who are familiar with your work and to whom inquiries may be made if necessary. It is required that **at least two** of your references have experience in the environmental health field.

5. Please Complete the Statement of Affirmation - Application *MUST* be Notarized.

State of _____ County of _____

I, _____, do solemnly swear and affirm that I am the applicant named in this application;

Please print your full name

that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect, and are made in good faith.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

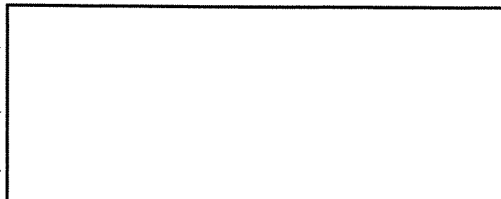
Signature of Applicant _____

Affix Notarial Seal Below:

Notary Public in and for the State of _____

Notary Signature _____

My Commission expires _____



6. Please Choose One of the Following Options and "X" Your Selection

Application Fee Total

_____ Option 1:	I am currently a NEHA member. My special application fee is \$55...	\$55
_____ Option 2:	I am not a NEHA member. My application fee is \$100...	\$100
_____ Option 3:	I would like to become an active member of NEHA My special application fee is \$55 and; My One Year Membership in NEHA is \$75...	\$130

7. Payment options: Check, Money Order, AMEX, Mastercard, Visa (Please circle one below)

Total Amount of Payment

Check or Money Order Payable to: National Environmental Health Association. \$_____00

Circle Type: Check, Money Order, AMEX, MC, VISA Card Number: _____

Expiration Date: _____ Authorized Signature: _____

Mail your application with proper payment to:

National Environmental Health Association

Attn: Credentialing Department
720 S. Colorado Blvd., Suite 970-S
Denver, CO 80246-1925
phone 303-756-9090
fax 303-691-9490
e-mail: staff@neha.org
internet: <http://www.neha.org>

Reciprocity Application Checklist - Please include these items:

- Complete and Notarized Application (*Required*)
- Necessary supporting documentation (*Required*)
- Copy of State Registration Card (*Required*)
- Signed copy of Code of Ethics (*Required*)
- Appropriate fees (*Required*)
- Application must be postmarked by application expiration date (*Required*)